

Acknowledging that relevant Member States from the South-East Asia Region have committed themselves to collaborate in efforts to eliminate visceral leishmaniasis (kala-azar) from the Region by 2015,¹

1. URGES Member States where leishmaniasis is a substantial public-health problem:
 - (1) to reinforce efforts to set up national control programmes that would draw up guidelines and establish systems for surveillance, data collection and analysis;
 - (2) to strengthen prevention, active detection and treatment of cases of both cutaneous and visceral leishmaniasis in order to decrease the disease burden;
 - (3) to strengthen the capacity of peripheral health centres to deliver primary and secondary care, so that they provide appropriate affordable diagnosis and treatment and act as sentinel surveillance sites;
 - (4) to conduct epidemiological assessments in order to map foci, and to calculate the real impact of leishmaniasis through accurate studies of prevalence and incidence, socioeconomic impact and access to prevention and care, and the extent of the disease in those affected by malnutrition and HIV;
 - (5) to strengthen collaboration between countries that share common foci or disease threats; to establish a decentralized structure in areas with major foci of disease, strengthening collaboration between countries that share common foci, increasing the number of WHO collaborating centres for leishmaniasis and giving them a greater role, and relying on initiatives taken by the various actors and interagency collaboration at national and international levels in all aspects of leishmaniasis control, detection and treatment, such initiatives being encouraged with the private sector by national control programmes;
 - (6) to promote the sustainability of surveillance and leishmaniasis control;
 - (7) to improve knowledge about, and skills to prevent, leishmaniasis among people in rural areas, and improve their socioeconomic status in order to combat leishmaniasis;
 - (8) to support studies on the surveillance and control of leishmaniasis;
 - (9) to share experiences in the development of studies of, and technologies on, the prevention and control of leishmaniasis;
2. FURTHER URGES Member States:
 - (1) to advocate high-quality and affordable medicines, and appropriate national drug policies;
 - (2) to encourage research on leishmaniasis control in order:
 - (a) to identify appropriate and effective methods of control of vectors and reservoirs;
 - (b) to find alternative safe, effective and affordable medicines for oral, parenteral or topical administration involving shorter treatment cycles, less toxicity, and new drug

¹ Memorandum of understanding on Elimination of Kala-azar in the South-East Asia Region, 18 May 2005.

combinations, and to define appropriate doses and duration of therapy schedules for these medicines;

(c) to determine mechanisms to facilitate access to existing control measures, including socioeconomic studies and health-sector reform in some developing countries;

(d) to evaluate and improve sensitivity and specificity of serological diagnostic methods for canine and human visceral leishmaniasis, including assessment of standardization and effectiveness;

(e) to evaluate effectiveness of alternative control measures such as use of bednets impregnated with long-lasting insecticide;

3. CALLS ON partner bodies to maintain and expand their support for national leishmaniasis prevention and control programmes and, as appropriate, to accelerate research on, and development of, leishmaniasis vaccine;

4. REQUESTS the Director-General:

(1) to raise awareness of the global burden of leishmaniasis, and to promote equitable access to health services for disease prevention and management;

(2) to draft guidelines on prevention and management of leishmaniasis, with emphasis on updating the report of WHO's Expert Committee on Leishmaniasis,¹ with a view to elaborating regional plans and fostering the establishment of regional groups of experts;

(3) to strengthen collaborative efforts among multisectoral stakeholders, interested organizations and other bodies in order to support the development and implementation of leishmaniasis control programmes;

(4) to frame a policy for leishmaniasis control, with the technical support of WHO's Expert Advisory Panel on Leishmaniasis;

(5) to promote research pertaining to leishmaniasis control, including in the areas of safe, effective and affordable vaccines, diagnostic tools and medicines with less toxicity, and dissemination of the findings of that research, notably through the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;

(6) to monitor progress in the control of leishmaniasis in collaboration with international partners, WHO regional offices and Member States affected by leishmaniasis;

(7) to promote action with the major laboratories in order to reduce the costs of medicines to developing countries;

(8) to promote and support:

(a) evaluation of the efficacy of new medicines,

(b) evaluation of dosage and length of treatment for existing medicines,

(c) standardization of diagnostic reagents, in particular for visceral leishmaniasis;

¹ WHO Technical Report Series, 1990, No. 793.

(9) to facilitate improved coordination among multilateral institutions and international donors concerned with leishmaniasis;

(10) to report to the Sixty-third World Health Assembly on progress achieved, problems encountered and further actions proposed in the implementation of leishmaniasis control programmes;

(Ninth plenary meeting, 21 May 2007 –
Committee A, second report)

WHA60.14 Polio myelitis: mechanism for management of potential risks to eradication

The Sixtieth World Health Assembly,

Having considered the report on eradication of poliomyelitis;¹

Recalling resolution WHA59.1, urging Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild poliovirus;

Recognizing that the occurrence of endemic poliovirus is now restricted to geographically limited areas in four countries;

Recognizing the need for international consensus on long-term policies to minimize and manage the risks of re-emergence of poliomyelitis in the post-eradication era;

Recognizing that travellers from areas where poliovirus is still circulating may pose a risk of international spread of the virus;

Noting that the maintenance of high routine immunization coverage in poliomyelitis-free countries contributes to reducing the risk of outbreaks of disease due to wild poliovirus and minimizes the risk of outbreaks due to vaccine-derived poliovirus;

Noting that planning for such international consensus must commence in the near future,

1. URGES all Member States where poliomyelitis is still prevalent in certain geographical areas, especially the four countries in which poliomyelitis is endemic:

(1) to establish mechanisms to enhance political commitment to, and engagement in, poliomyelitis eradication activities at all levels, and to engage local leadership and members of the remaining poliomyelitis-affected populations in order to ensure full acceptance of, and participation in, poliomyelitis immunization campaigns;

(2) to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

¹ Document A60/11.